

County: Winnebago
OAKRIDGE GARDENS NURSING CENTER
1700 MIDWAY ROAD

Facility ID: 6620

Page 1

MENASHA 54952 Phone: (920) 739-0111
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 111
Total Licensed Bed Capacity (12/31/02): 111
Number of Residents on 12/31/02: 99

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 106

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
-----			-----				-----		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.3	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.0	More Than 4 Years		24.2	
Day Services	No	Mental Illness (Org./Psy)	18.2	65 - 74	4.0			-----	
Respite Care	No	Mental Illness (Other)	5.1	75 - 84	29.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.5	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.1	Full-Time Equivalent			
Congregate Meals	No	Cancer	3.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	5.1		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	16.2	65 & Over	99.0	-----			
Transportation	No	Cerebrovascular	16.2	-----	-----	RNs		7.5	
Referral Service	No	Diabetes	8.1	Sex	%	LPNs		9.8	
Other Services	Yes	Respiratory	6.1	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	22.2	Male	21.2	Aides, & Orderlies			
Mentally Ill	No		-----	Female	78.8				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Diem Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	11	100.0	195	49	89.1	104	0	0.0	0	28	84.8	146	0	0.0	0	0	0.0	0	88	88.9		
Intermediate	---	---	---	6	10.9	86	0	0.0	0	5	15.2	144	0	0.0	0	0	0.0	0	11	11.1		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	11	100.0		55	100.0		0	0.0		33	100.0		0	0.0		0	0.0		99	100.0		

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing Assistance of		% Totally		Total	
Percent Admissions from:		Activities of		%		One Or Two Staff		Dependent Number of Residents	
Private Home/No Home Health	0.6	Daily Living (ADL)		Independent					
Private Home/With Home Health	1.9	Bathing		6.1		67.7		26.3 99	
Other Nursing Homes	1.3	Dressing		15.2		72.7		12.1 99	
Acute Care Hospitals	92.9	Transferring		32.3		58.6		9.1 99	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use		20.2		63.6		16.2 99	
Rehabilitation Hospitals	0.0	Eating		78.8		14.1		7.1 99	
Other Locations	3.2	*****							
Total Number of Admissions	155	Continence		%		Special Treatments		%	
Percent Discharges To:		Indwelling Or External Catheter		9.1		Receiving Respiratory Care		12.1	
Private Home/No Home Health	32.9	Occ/Freq. Incontinent of Bladder		47.5		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health	9.1	Occ/Freq. Incontinent of Bowel		19.2		Receiving Suctioning		0.0	
Other Nursing Homes	4.9					Receiving Ostomy Care		3.0	
Acute Care Hospitals	8.5	Mobility				Receiving Tube Feeding		2.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		3.0		Receiving Mechanically Altered Diets		28.3	
Rehabilitation Hospitals	0.0								
Other Locations	14.6	Skin Care				Other Resident Characteristics			
Deaths	29.9	With Pressure Sores		9.1		Have Advance Directives		96.0	
Total Number of Discharges		With Rashes		8.1		Medications			
(Including Deaths)	164					Receiving Psychoactive Drugs		50.5	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	Peer Group		Peer Group		Peer Group		Facilities	
		%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	84.7	1.13	85.7	1.11	85.3	1.12	85.1	1.12
Current Residents from In-County	59.6	81.6	0.73	81.9	0.73	81.5	0.73	76.6	0.78
Admissions from In-County, Still Residing	11.0	17.8	0.62	20.1	0.55	20.4	0.54	20.3	0.54
Admissions/Average Daily Census	146.2	184.4	0.79	162.5	0.90	146.1	1.00	133.4	1.10
Discharges/Average Daily Census	154.7	183.9	0.84	161.6	0.96	147.5	1.05	135.3	1.14
Discharges To Private Residence/Average Daily Census	65.1	84.7	0.77	70.3	0.93	63.3	1.03	56.6	1.15
Residents Receiving Skilled Care	88.9	93.2	0.95	93.4	0.95	92.4	0.96	86.3	1.03
Residents Aged 65 and Older	99.0	92.7	1.07	91.9	1.08	92.0	1.08	87.7	1.13
Title 19 (Medicaid) Funded Residents	55.6	62.8	0.88	63.8	0.87	63.6	0.87	67.5	0.82
Private Pay Funded Residents	33.3	21.6	1.55	22.1	1.51	24.0	1.39	21.0	1.58
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	23.2	29.3	0.79	37.0	0.63	36.2	0.64	33.3	0.70
General Medical Service Residents	22.2	24.7	0.90	21.0	1.06	22.5	0.99	20.5	1.08
Impaired ADL (Mean)	42.0	48.5	0.87	49.2	0.85	49.3	0.85	49.3	0.85
Psychological Problems	50.5	52.3	0.97	53.2	0.95	54.7	0.92	54.0	0.94
Nursing Care Required (Mean)	7.8	6.8	1.16	6.9	1.13	6.7	1.16	7.2	1.09